

Commercial Properties 1962 B Wells St. Wailuku, HI 96793 7/31/2016

Attn:

Debbie Anthony

SUBJECT:

MONTHLY WATER SYSTEM REPORT WEST KUIAHA

MEADOWS WATER SYSTEM

Dear Debbie,

We are submitting to you a monthly Operations & Maintenance Status report for the period ending July 31, 2016.

Water Quality:

Satisfactory

Sampling Conducted:

Monthly Bacti tests and Well Chlorides readings.

- Took Lead and Copper samples for DOH.

Discrepancies:

Hard bound log book was not provided by previous water system operator. Well and tank area showed evidence of deterioration due to lack of maintenance. Revamp work will be ongoing.

Maintenance:

Daily, monthly services conducted.

 Began pressure washing water tank and piping at well site (work is a no charge item from Pural). Work will continue once Pural pressure washing equipment is repaired.

Corrective Maintenance:

 Providing minor maintenance in well and tank area. Pural provided proposal for major maintenance and revamp work.

Notes/Remarks:

 7/30/16 Trouble call out. Service lateral for lots 2 & 4 was accidentally damaged. Scheduled for repair.

Pural start of contract was on 2/1/2016.

Updated and transmitted pumping reports to DLNR. Providing monthly flowmeter readings to Commercial Properties.

*Pural recommends that all lots install a backflow device for each of the domestic and irrigation connection and should be tested yearly to protect water system from possible contamination resulting from:

Backpressure – A pressure that can cause water to backflow back into the source water supply when the user's water system is at a higher pressure than the water system's pressure.

Backflow – A reverse flow condition, created by a difference in water pressures, which causes water to flow back into the distribution pipes of the potable water supply from any source other than the intended source.

Should you have any questions, please call me or Efren Ugalino at 242-7299.

Sincerely,

for Eric Okazaki

Vice President, Operations

Oahu: 99-1135 Iwaena Street, Aiea, HI 96701 Phone: (808) 488-8434 Fax: (808) 484-1917

MAU! WATER SYSTEMS CHECKLIST WEEKLY SYSTEM CHECKWK-1 WK-2 WK-3 WK-4 1. Provide site check and monitoring. Visual inspection to include, but not limited to: Well head above ground piping and components. B. Electrical components of the water system. C. Potable transmission and distribution waterlines D. ____Non-Potable transmission and distribution waterlines. E. _____Buildings related to water system. F. ___ Chlorinator. G. Water reservoirs or storage tanks. H. Pumping systems. I._____ Non Potable/irrigation meter readings. 2. Maintaining chlorinating system according to State Department of Health and manufacturers recommended practices. Distribution monitoring will be done to include نر but not limited to A. ____ Testing of chlorine residual at potable tank and within distribution system. Log readings. B. V Adjust chlorine feeder as needed. C. Check Sodium Hypochlorite levels in storage tanks, replenish as needed. D. Check condition and operational status of chlorination equipment, clean chlorine lines, valves and fittings as required. 3. Well pumping systems, the following will be done: A. ____ Read well out flow meter and log. B. ____ Check well pump operational status. C. Lheck pressure readings and log. D. _____ Note and log reservoir/storage tank levels. 4. GAC Systems (Where applicable) A. ____ Check operational status. B. ____ Check back washing cycle. C.____ Inspect GAC system for leaks. D.____ Note and log pressures, settings and flows. 5. Back Up Generator/ Fire Pump (Where applicable) A.____ Check fuel and oil levels, report low fuel levels to client. B. ____ Record generator readings in system log. C.____ Check Operational Status.

6. Initiate and log work done in a bound journal and maintained on site. Logging shall detail the maintenance task that was done.

7. Provide general housekeeping to tanks, tank sites, well sites, and buildings related to the water system.
MONTHLY
1 Provide monthly bacterialogical sampling and test results, repeat as needed.
2. Provide well flows and parameters to include but not limited to: Chlorides, Turbidity, PH, Conductivity, Salinity, and Temperature.
3 Residential and irrigation meter readings (Where applicable)
4 Visual inspection of distribution system air release valves (ARV) and pressure regulating valves (PRV) located in manholes and vaults in or along roadway.
REMARKS:
SUPERVISOR REVIEW:

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kuigha	
WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 WK-4	OPERATOR: DINM AGUIL.
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REMARKS: Marthy parameter reads, lead and	where sample bottle drop off
SUPERVISOR REVIEW:	DATE

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: W	lest Kyiaha	DATI	E: 7/79/16
WEEKLY SYSTEM CHE	ECK WK-1 WK-2 WK-3 WK-4	OPERATOR:	MM A.
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REMARKS	:				

MAUI WATER SYSTEMS CHECKLIST

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Hawaii State Department of Health, Environmental Health Administration

Sample Collection & Reservation System

Welcome Maleeyah Machado Edit Logout

Navigate To

Sample Detail

Initiated Awaiting Analysis Analysis Complete Water System: HI0000252 - WEST KUIAHA MEADOWS Facility: DS252 - WEST KUIAHA MEADOWS DISTRIBUTION SYSTEM Sampling Point: TC002 - R-STANDPIPE #4 (UTC003,DTC004) SCRS #: 252-TC002-1607-001 COC #: 252-1607-002 Monitoring: Total Coliform Bacteria: 1 Routine every 1 Month Sampler Name: Danson Aquino Sample Type: Routine Scheduled Sample Date: 7/19/2016 Sample Date/Time: 7/19/2016 8:30 AM Collection Remarks: #253 Lab Received Date/Time: 7/19/2016 10:06 AM Lab Comments: CI Reading: 0.76 (mg/L) Free Sample Results: Test Type: Colisure Lab Results Completed Date: 7/20/2016 Lab Comments: Contaminant Result Total Coliforms Negative E. coli Negative



State of Hawaii

For Official Use Only:

COMMISSION ON WATER RESOURCE MANAGEMENT Department of Land and Natural Resources MONTHLY GROUND WATER USE REPORT

Name: West Kuiaha Meadows				
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Company: c/o Commercial Properties (Ms. Mary Jane Kramer)

Address: 1962 B Wells Street
Wailuku, Maui, HI 96793

 Telephone No.:
 (808) 243-8600
 Email:

 Report Month:
 July
 Year:
 2016

INSTRUCTIONS: Please TYPE OR PRINT CLEARLY. Complete this form to report total monthly ground water use, and, if required, other information from each of your well sources. Mail to: Commission on Water Resource Management, P.O. Box 621, Honolulu, HI 96809. Fax to: (808) 587-0219. For assistance, please call (808) 587-0225.

Tme (Waler Level)	N/A					
Date (Water Level)	N/A					
Non-Pumping Water Level (ft. above msl)*	N/A		700000			THE PARTY IS
	75°F					
Conductivity) ("C or "F) (ft. above ms)"	N/A	To a server of advantage and the				
Date Conductivity (Chlorides) (µS/cm)	N/A	1		To the state of th		
(Colorides)	7/5/16					
Chloride (PPM)	02					
Quantity Pumped (gallons)	131,580	T. CONTRACTOR				
Period End Date (mm/dd/yy)	7/31/16					
Period Begin Date (mm/dd/yy)	7/1/16					·
	Kuiaha-Smith	The second secon				
S state Well	6-5418-02				2	

* Measurement should be taken while pump is NOT running just prior to a pumping cycle; If measurement is taken while pump is running, please indicate so.

Other comments or additional information (e.g., how pumpage amounts were determined, meter, weir or estimated, etc.):

Title: Engineer	Date: 8/1/16
Submitted by (print): Maleeyah Machado	For electronic submissions: By checking this box, I understand and affirm that the information provided herein is accurate and true to the best of my knowledge.

Date: Signature:

For hardcopy submissions: